

REQUEST FOR COPY OF <input type="checkbox"/> DEATH <input type="checkbox"/> FETAL DEATH <input type="checkbox"/> BIRTH RESULTING IN STILLBIRTH										
WARNING: False application for a death certificate is a felony offence. Signature of applicant must be NOTARIZED (mail ONLY) or this form must be accompanied by a copy of a VALID GOVERNMENT ISSUED PICTURE I.D. which contains the applicant signature.										
Date		Enclosed \$ _____ (amount) in _____ (form of payment) for _____ (number of copies)								
I. Decedent (Person on Certificate)								FOR OFFICE USE ONLY		
Name of Deceased (First, Middle, Last)						Date of Death		Sex		
Social Security Number				Are Copies to be Used for US Gov't Claims? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, List Each Type of Claim				
Place of Death - Hospital or Residence (City, County, State)								Date Issued		
								State File Number		
II. Applicant (Person Making Request)	Credit/Debit Card MC <input type="checkbox"/> Visa <input type="checkbox"/> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>						Exp. Date MM/YY		Subscribed and Sworn to or Affirmed Before Me This _____ Day of _____ My Commission Expires _____	
	Your Signature ➡									
	Your Name									
	Your Mailing Address (Number & Street)									
	(Town, State, Zip Code)									
Print Plainly - Return Address	Relationship to Registrant (e.g. parent, attorney, etc.)		Reason for Request			Phone Number (Required)				

PARTICIPATING OFFICE LOCATIONS

Up to the first 30 days following the registration of a death record you should request certified copies by mail or in person from the county office in the county where the death occurred. Starting **30 days after** the registration of a death record, or if death occurred in an Arizona county not listed below, you should request certified copies of a death record from the state office. **Please note payment types accepted at office locations: Cash (C) - in person only, Money Order (MO) , Personal Checks (PC), Credit Cards (CC), Debit Cards (DC).**

Cochise County Health Department 1415 W. Melody Ln., Bldg. A Bisbee, AZ 85603 (520)432-9400 (C) (MO)	Coconino County Health Department 2500 N. Fort Valley Rd., Bldg. 3 Flagstaff, AZ 86001 (928)226-2715 (C) (MO) (PC) (CC)	Graham County Health Department 826 W. Main Safford, AZ 85546 (928)428-0110 (C) (MO) (PC)
Maricopa County Office of Vital Registration 3221 N. 16th St., Suite 100 Phoenix, AZ 85016 (602)506-6805 (C) (MO) (PC) (CC) Mail to: PO Box 2111 Phoenix, AZ 85001	Navajo County Health Department 117 E. Buffalo St. Holbrook, AZ 86025 (928)524-4750 (C) (MO) (PC)	Pima County Health Department Vital Records Office 150 W. Congress, Rm. 194 Tucson, AZ 85701 (520)740-8522 (C) (MO) (PC) (CC) (DC)
Pinal County Health Department 500 S. Central Ave. Florence, AZ 85232 (520)866-7318 / (800)231-8499 (C) (MO) (PC) Mail to: PO Box 2945 Florence, AZ 85232	Yavapai County Health Department 1090 Commerce Prescott, AZ 86305 (928)771-3125 (C) (MO) (PC)	State Office of Vital Records 1818 W. Adams St. Phoenix, AZ 85007 (602)364-1300 (C) (MO) (CC) (DC) Mail to: PO Box 3887 Phoenix, AZ 85030